



EBAA Eye Bank Leadership Program Group Discount Registration Form

Fees Increase after January 31

Group Discounts available: If groups of three or more from one eye bank register, the third registrant will receive a 33% discount and the fourth or more will receive a 50% discount.

- 1) **Name for Badge:** _____ CEBT PhD RN _____
Organization/Eye Bank/ Practice: _____ Title: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Email: _____
Fee: **Early Bird \$499 / Regular \$649** Dietary Restrictions: Vegetarian Vegan Gluten Free
- 2) **Name for Badge:** _____ CEBT PhD RN _____
Organization/Eye Bank/ Practice: _____ Title: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Email: _____
Fee: **Early Bird \$499 / Regular \$649** Dietary Restrictions: Vegetarian Vegan Gluten Free
- 3) **Name for Badge:** _____ CEBT PhD RN _____
Organization/Eye Bank/ Practice: _____ Title: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Email: _____
Fee: **3rd Person Discount Early Bird \$334 / Regular \$435** Dietary Restrictions: Vegetarian Vegan Gluten Free
- 4) **Name for Badge:** _____ CEBT PhD RN _____
Organization/Eye Bank/ Practice: _____ Title: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Email: _____
Fee: **4th Person Discount Early Bird \$250 / Regular \$325** Dietary Restrictions: Vegetarian Vegan Gluten Free

PAYMENT TERMS

Charge my: VISA MasterCard AmEx Check enclosed in US Currency

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Signature: _____

Billing Address (Zip Required): _____

PLEASE FAX, MAIL, E-MAIL THIS FORM TO THE EBAA, WITH PAYMENT.

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